

Attorney Docket No. P06553-US2

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****RECEIVED  
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APR 02 2004

Applicant: Roland Bodin

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Group Art Unit: 2131

Serial No: 09/410,044

Examiner: Seal, James

Filed: October 1, 1999

**OFFICIAL**

For: METHOD FOR ENCRYPTION OF INFORMATION

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313.1450**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Group Art Unit 2153, 703-746-7239, on May 2, 2003.

Name: Pamela S. NewtonSignature: Pamela S. Newton

Dear Sir:

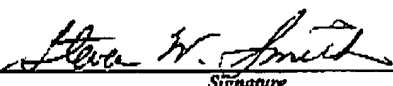
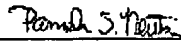
**AMENDMENT UNDER 37 C.F.R §1.111**

In response to the Office Action dated October 3, 2002, the Applicant submits the following amendments and remarks.

**SUMMARY OF AMENDMENTS**

1. The title has been amended.
2. The paragraph on page 3, lines 8-13 of the specification has been deleted.

Amendment - PAGE 1 of 6  
EUS/J/P/03-8749

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. P06553-US2	
Applicant(s): <b>Roland Bodin</b>					
Serial No. <b>09/410,044</b>	Filing Date <b>October 1, 1999</b>	Examiner <b>Seal, James</b>	Group Art Unit <b>2131</b>		
Invention: <b>METHOD FOR ENCRYPTION OF INFORMATION</b>					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	5	20	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1	3	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. <b>50,1379</b> in the amount of <b>\$0.00</b> A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50,1379</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: <u><b>5-2-2003</b></u></div></div>					
<div style="display: flex; justify-content: space-between;"><div><div style="text-align: center;"> Signature <b>Steven W. Smith</b> Reg No. <b>36,684</b>  Ericsson Inc. 6300 Legacy Drive, M/S EVW 2-C-2 Plano, TX 75024</div><div style="border: 1px solid black; padding: 5px; width: 300px;"><div style="text-align: center; font-size: small;">Certificate of Mailing or Transmission</div><div style="font-size: x-small;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for First class or Express Mail in an envelope addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being transmitted to the USPTO, on the date indicated below.</div><div style="text-align: center; margin-top: 10px;"> Signature <b>Pamela S. Newton</b> <span style="float: right;"><b>5/2/03</b></span></div><div style="text-align: center; font-size: x-small;">Depositor's Name and Date</div></div></div></div>					
CC:					

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